


DCF	COMMONWEALTH OF MASSACHUSETTS ~ DEPARTMENT OF CHILDREN AND FAMILIES	
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SUPERVISION POLICY

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I. PURPOSE AND OVERVIEW

Supervision is provided in fundamental, identifiable and defined processes within the Department that allow consistent and objective analysis of the complex situations characteristic of child welfare and support development of effective, necessary plans of action.

Supervision is conducted in a manner that prioritizes child **safety**, aligns with the values and principles of the Department's Case Practice Model and ensures compliance with the Department's policies and procedures.

The purpose of this policy is to emphasize the value and importance of supervision within the Department, and to set minimum expectations for Supervisors in:

- Scheduling, preparing for and conducting weekly individual supervision;
- Scheduling, preparing for and conducting group supervision;
- Providing urgent, as needed, supervision;
- Pursuing the Supervisor's own professional development;
- Seeking and accessing consultations and reviews with Department managers, attorneys and clinical specialists, when necessary.

Principles of Supervision

- Supervision is an essential process in effective decision-making that supports the rights of children to safety, permanency and well-being.
- Supervision is a purposeful process that creates shared understanding and agreement about the expectations for quality child welfare practice.
- Supervision is a collaborative process, utilizing both individual and group methods, to identify clear action steps and maintain accountability for task completion.
- Supervision is a clinical planning process focused on both the reason for Department involvement in the life of a child/family and the desired outcome of the intervention.
- Supervision promotes effective danger and risk assessment and safety planning, in order to develop meaningful case formulations and to plan for child, family and worker safety.
- Supervision is conducted in a manner that adapts to the unique and specific learning needs, experience levels and competencies of the supervisee.

NOTE: For the purposes of this policy:

- *Supervision requirements and practices apply across all units within the Department including Intake, Ongoing, Adoption, Family Resource, Foster Care Review, Special Investigations and/or other specialized units (e.g., adolescent, Child Requiring Assistance, etc.).*
- *The term "case" references the basic workload unit for each Department role, i.e., protective response, family, child or family resource home.*
- *The term "child" is used to mean children, youth and, where relevant, young adults who have chosen to continue to work with the Department.*

II. POLICY: REQUIRED SUPERVISION ACTIVITIES

Supervision provides a forum for reflection, critical thinking, connection, professional growth, learning and organizational improvement.

Supervision at the Department is:

1. **Clinical:** To help staff build capacity to compile and analyze case-related information useful to assessing the impact of a family's history, traumatic experiences, substance use/misuse, mental/behavioral/physical health challenges, domestic violence and other family and community dynamics on child safety, permanency and well-being.

2. **Supportive:** To focus on staff safety and well-being and to create an environment in which staff feel safe to reflect upon their work and working conditions and seek assistance in addressing their concerns.
3. **Educational:** To assist staff in meeting professional development requirements and standards and in strengthening their child welfare knowledge and skills, through modeling, teaching and coaching adapted to the individual's learning needs.
4. **Administrative:** To monitor and support the work of staff, using available tools and data, to achieve quality and compliance in meeting Department Policy requirements.

Role of Department Managers: All Department managers are responsible for establishing and supporting organizational processes that enable routine, predictable and regular supervision for all staff. Managers are also responsible for providing consistent mechanisms for debriefing, planning and reviewing complex situations within the Area Office such as critical incidents, threats/assaults on Social Workers and other staff persons, and home removals.

Role of Area Program Managers: Supervisors report to Area Program Managers (APMs) who are responsible for providing Supervisors with the clinical, supportive, educational and administrative supervision needed to meet the requirements of this policy, including but not limited to:

- joining in critical thinking and decision-making, as needed, related to an individual family and/or child's needs;
- identifying resources to promote Social Worker and Supervisor safety and well-being, including preventing and mitigating the impact of traumatic stress;
- enhancing the Supervisor's professional development, through joint assessment of performance and goals, and supporting options for improving skills such as training and education;
- reviewing unit compliance with key metrics, procedures, documentation and time frames to identify and address barriers and challenges to compliance
- helping to identify circumstances that warrant an Area Clinical Review or a consultation with a Department attorney or clinical specialist; and
- planning for unit (or cluster) needs such as coverage for absences of the Supervisor and/or Social Workers within the unit.

The APM and Supervisor establish a regular schedule of supervision that includes meeting at a minimum twice monthly for individual supervision. APMs must also be available to provide guidance and supervision as needed to address urgent or emerging situations. The APM schedules regular cluster meetings with all supervisors under their purview.

Role of Supervisors: Individual and group supervision is provided to all Social Workers. Effective supervision requires a continuous process of relationship-building between the Supervisor and Social Worker based on their shared commitment to supporting families in meeting children's needs for safety, permanency and well-being. Social Workers are professionals in the field of child welfare practice. They are expected to be active participants in their supervision and to pursue continuous learning to develop their knowledge and skills.

A. Individual Supervision

Supervisors are expected to hold regularly scheduled, planned **individual supervision** with each Social Worker in their unit, in order to:

- discuss each "case," on a routine and as needed basis, with specific focus on child safety, permanency and well-being; family progress; level and type of service needs; and reasons for current Department involvement;
- plan and manage consistent adherence to policy and practice requirements, including identifying and addressing any barriers and challenges;
- review key caseload metrics such as home visits, due dates and documentation, to identify and address barriers and challenges to compliance; and

- enhance learning and support for each Social Worker.

B. Group Supervision

Supervisors are expected to hold regularly scheduled, planned **group supervision** sessions with their unit. The purposes of group supervision are to promote critical thinking, group cohesion and team-based problem-solving and to draw on group resources to support staff and enhance practice.

The focus of group supervision may include, but is not limited to:

- reviewing policy and practice guidance;
- evaluating case-specific challenges to promote shared learning and problem-solving;
- planning for worker safety;
- supporting staff well-being; and
- planning for vacation or leave coverage among unit members.

C. Urgent Supervision, as Needed

The Department's work is often influenced by emergency situations and family crises. The Supervisor is expected to provide Social Workers with the guidance and support needed to effectively manage such urgent situations. Urgent supervision, provided as needed, is not a substitute for individual supervision.

D. Professional Development and Continuous Learning

Supervisors are professionals in the field of child welfare practice, and their expertise is supported through continuous learning opportunities designed to advance their knowledge and skills.

Supervisors are expected to actively pursue their own learning to improve practice; meet all training and professional development requirements established by the Department and Massachusetts General Laws; and maintain their professional licensure.

III. PROCEDURES: INDIVIDUAL AND GROUP SUPERVISION

1. Schedule Supervision.

- **Weekly Supervision:** The Supervisor and Social Worker establish a schedule of weekly individual supervision that will permit discussion of each "case," as well as case and unit management issues (like unit coverage) and professional development goals and tasks.

Requirements: The Supervisor and Social Worker will meet for individual supervision meetings for a **minimum of 60 minutes weekly**, or more frequently if needed. Every "case" must be discussed at least once a month during the weekly supervision meetings; every protective response must be discussed at least once during the response period.

- **Group Supervision:** The Supervisor schedules regular unit meetings that all unit members are expected to attend.

Requirements: Group supervision will be held at a **minimum of 60 minutes every calendar month**.

- **Urgent, as Needed Supervision.** Supervisors must also be available to provide guidance and supervision as needed to address urgent or emerging situations.

2. Prepare for Supervision. The Supervisor and Social Worker prepare for supervision in advance of the supervision meeting by:

- reviewing pertinent case/record materials for the cases scheduled for discussion, including history and recent activities, visits and documentation; and
- prioritizing issues to be discussed.

3. Participate in Supervision. During supervision, the Supervisor and Social Worker will discuss and complete, according to the priorities they have established:

- **Clinical Activities**, including but not limited to:
 - “case-by-case” exploration of how the Supervisor can assist the Social Worker in understanding the child and family needs and next steps;
 - exploring parent/caregiver capacities and children’s needs for safety, permanency and well-being, with attention to: the impact of any recent changes; identifying and addressing barriers in achieving each child’s permanency plan; and determining when a case should be closed; and
 - joining in critical thinking and decision-making related to each family and child’s needs.
 - **Supportive Activities**, including but not limited to:
 - identifying resources to promote Social Worker safety and well-being, including preventing and mitigating the impact of traumatic stress and prioritizing casework activities.
 - **Educational/Staff Development Activities**, as relevant to the Social Worker’s needs, professional development, licensure and assigned work, including but not limited to:
 - supporting Social Workers in developing and maintaining professional quality in their work, including written work products;
 - utilizing such techniques as mentoring, modeling, coaching and conducting joint field visits to enhance Social Worker skill development;
 - enhancing the Social Worker’s professional development, through joint assessment of performance and goals, and supporting options for improving skills such as training and education; and
 - informing Social Workers about relevant Department statutes, regulations, policies and practices as needed.
 - **Administrative Activities**, including but not limited to:
 - reviewing individual cases for compliance with procedures, documentation and time frames;
 - planning for upcoming case-related events such as: court hearings, 6 Week Placement Reviews, Permanency Planning Conferences, Foster Care Reviews, Limited or Annual Reassessments, License Renewal Studies, with attention to planning for family and worker safety;
 - planning for unit or group needs; and
 - identifying resources in the local community and how to work effectively with them.
4. **Determine Need for Consultation with a Manager, Department Attorney or Clinical Specialist.** See below Section IV for guidance on when such assistance is required or may be accessed.
5. **Document Supervision.** Timely and accurate documentation is an essential component of supervision.
- **Case-Specific Clinical Supervision:** The Supervisor documents in the electronic case record that the supervision was held, what supervision focused upon and any specific decisions made regarding case direction, provision of service(s) or follow-up case activities.
 - **Supportive, Educational/Professional Development and Administrative Supervision:** The Supervisor maintains a written record, separate from the electronic case record, for each Social Worker regarding these aspects of supervision.

IV. ACCESSING CONSULTATIONS WITH MANAGERS, DEPARTMENT ATTORNEYS, AREA CLINICAL REVIEW TEAMS AND CLINICAL SPECIALISTS

The following describes circumstances when Supervisors must or may seek consultation, review or input from their manager or a Department Attorney, as well as when they must or may seek other assistance from an Area Clinical Review or from a clinical specialist.

1. **Consultation with a manager:**

Supervisors must seek consultation with a manager when there is:

- Disagreement between the Social Worker and Supervisor on case direction, especially as it relates to whether a child can safely remain in the home or placement;
- Conflicting information from collateral contacts, other professionals and/or family members, especially as related to child safety or well-being;
- A situation in which increased danger or risk to a child in Department care or custody has been identified; and
- The Social Worker or the Supervisor has a concern about worker safety.

Supervisors must to seek a consultation with a manager and a Department Attorney when there is:

- A newborn whose siblings are currently involved in an open Care and Protection or other protective court proceeding;
- A newborn for whom a parent/caregiver's parental rights were terminated in a prior court proceeding; and
- A child whose parent/caregivers had a prior child adopted or a guardianship allowed for a prior child, whether the Department was involved or not.

Other circumstances when Supervisors may seek consultation with a manager include:

- A complex "case" where case direction is difficult to determine;
- A case involving a medically fragile child; or
- Other circumstances that either the Social Worker or the Supervisor identifies as warranting managerial review.

Requesting the Consultation: Generally, the Supervisor contacts their APM or the manager on duty; the Social Worker may also make the request.

Documenting the Consultation: The Supervisor must update the electronic case record to indicate that the consultation occurred, when it was held, who participated and a brief summary of the recommendations and next steps.

2. **Area Clinical Reviews:**

The purpose of an Area Clinical Review is to broaden the support available to Social Workers and Supervisors in understanding the risks to the safety, permanency and well-being of the children; identifying resources that might be utilized to mitigate those risks and stabilize the situations; and related decision-making.

Supervisors must request an Area Clinical Review under the following circumstances(Required):

- Disagreement, or when seeking agreement, among service providers who have differing opinions about safety of a child in the home;
- Disagreement among clinical staff units involved in managing the "case" concerning safety of a child in the home or the proper course of case management when the Social Worker, Supervisor and/or Area Program Manager have conflicting opinions about case direction or decision-making;

Supervisors may request an Area Clinical Review under the following circumstances(Optional):

- Complex "case" where direction is difficult to determine; and
- Other circumstances identified in consultation with a manager or Department Attorney.

Requesting the Area Clinical Review and Participants: An Area Clinical Review can be requested by a Social Worker or Supervisor. The Area Clinical Manager or Area Program Manager over the case is responsible for convening the Review. At a minimum, the Social Worker, the Supervisor, the Area Program Manager and/or the Area Clinical Manager will participate.

Documenting the Area Clinical Review: The APM and/or the Area Clinical Manager will document the outcome of the review, including issues discussed, recommendations made, and follow up needed and by whom.

3. **Clinical Specialist Consultation (Optional):**

Clinical consultation with Regional specialists in medical services, substance use/misuse, domestic violence and mental/behavioral health is available on any "case" to support decision-making and planning. Supervisors or Social Workers may seek consultation from clinical specialists when:

- Questions arise about the impact of substance abuse treatment upon a parent/caregiver's capacities or around a youth's use of substances;
- Clarity is needed about how to work with the family when there is a recent or additional incident of domestic violence, or if there seems to be some escalation of abusive behaviors;
- Guidance is needed about how to safely engage a victim and or perpetrator of domestic violence;
- Questions arise about how the capacities of a parent/caregiver might be being affected by their diagnosed mental or behavioral condition, especially when treatment does not appear to be sufficiently effective;
- Questions arise about whether substance use/misuse, domestic violence or a mental or behavioral health challenge, involving a child or parent/caregiver, is affecting a family's progress toward case closing;
- Questions arise about the impact of a medical condition on a parent/caregiver's ability to provide necessary care for a child or about a child's medical condition or treatment plan;
- A medical or mental/behavioral health condition or current or proposed treatment needs to be more fully understood;
- After communication with a child's medical providers, specific questions remain regarding hospital discharge plans or other information obtained from the medical providers; and
- Other circumstances that either the Social Worker or the Supervisor believes warrant specialist consultation.

Requesting the Consultation: Either the Supervisor or the Social Worker may initiate the consultation. Before the request, the Social Worker and Supervisor prepare by reviewing the facts of the "case" and identifying questions or areas of concern that would benefit from a consultation.

Documenting the Consultation: Specific recommendations from the clinical specialist are documented by the specialist in the appropriate section of the electronic case record. In addition, the Supervisor or Social Worker records in the electronic case record that the consultation occurred, the date and who participated.

